

**PLEASE RETURN APPLICATIONS TO:**

Project Manager  
Business Development Division  
Indiana Economic Development Corporation  
One North Capitol  
Suite 700  
Indianapolis IN 46204

Project ID#: \_\_\_\_\_  
Commerce Project Manager: \_\_\_\_\_

**Indiana Economic  
Development  
Corporation  
INSPIRE Fund**

| I. BACKGROUND INFORMATION  |               |   |                |
|--|---------------|---|----------------|
| Applicant Legal Name   |               | FEIN Number                               |                |
| Site Street Address  |               |   |                |
| City   | County        | State                                     | Zip            |
| Type of Business or Industry (if applicable, include 501( c ) status)  |               | WBE: Y or N                               | MBE: Y or N    |
| Parent Company Name(s)   |               | SIC Code                                  |                |
| Parent Company Address(es)   |               |   |                |
| City   | State/Country | Zip                                       | Phone#         |
| Primary Company Contact(s)   |               | Title                                     |                |
| Phone Number   | FAX Number    | Web Site                                  | E-Mail Address |
| II. PROJECT OUTCOMES   |               |   |                |
| Total number of people to receive certifications: _____  |               |   |                |
| <b>Certification Type</b>  |               | <b>Projected Number of Certifications</b> |                |
| Underwriting / Risk Management   |               | _____                                     |                |
| Claims / Legal   |               | _____                                     |                |
| Agent / CSR  |               | _____                                     |                |
| Actuarial  |               | _____                                     |                |
| Other Accredited Certification   |               | _____                                     |                |
| (Specify:) _____   |               |   |                |
| III. EMPLOYMENT AND WAGES  |               |   |                |
| Current total level of employment in Indiana   |               | Level of employment one year ago          |                |
| Average hourly wages of employees (without fringe benefits)  |               |   |                |
| Professional/Managerial  | \$            | _____                                     |                |
| Associate  | \$            | _____                                     |                |
| Semi-skilled/Administrative  | \$            | _____                                     |                |
| Total annual payroll for business location   | \$            | _____                                     |                |
| IV. PROJECT DESCRIPTION  |               |   |                |
| Please attach a project description which includes the following:  |               |   |                |
| <ul style="list-style-type: none"><li>• Define the training to be provided; breakdown the training by employee and by training provider.</li><li>• Describe the company's business plan and history.</li><li>• Describe how the training requested will enhance the organization's competitive edge.</li><li>• Describe if the employee trained will be eligible for financial benefit with certification.</li></ul> |               |   |                |

**V. Budget Detail****Training Budget Detail****Training Costs\***

| CERTIFICATION | PROVIDER | # OF<br>EMPLOYEES | TOTAL COST<br>FOR CERTIFICATION |
|---------------|----------|-------------------|---------------------------------|
|               |          |                   |                                 |
|               |          |                   |                                 |
|               |          |                   |                                 |
|               |          |                   |                                 |
| TOTAL         |          |                   |                                 |

**VI. Reporting Requirements**

All grantees must submit quarterly program reports that describe progress toward meeting the desired outcomes. Provided by the State of Indiana reports form will include name, age, gender, social security number, address, hiring date, education of each enrolled trainee, measured outcome progress, credentials achieved, and retention of employees during the grant period. In cases where employees have not yet been hired at the time of application, the applicant has 90 days to submit the previously mentioned date from the of application.

**NOTE OF CONFIDENTIALITY OF INFORMATION**

To the extent feasible and permissible by law, the Indiana Economic Development Corporation (IEDC) will honor an applicant's request that confidential information submitted to IEDC will remain confidential. IEDC will treat the information as confidential only if: (i) the information is in fact protected confidential information such as trade secrets or privileged or confidential commercial or financial information, (ii) the information is specifically marked and identified as confidential by the applicant, (iii) the information is segregated and placed in a separate appendix to the application, and (iv) no disclosure of the information is required by law or judicial order. If the application results in a grant or loan, the honoring of the confidentiality of identified data shall not limit IEDC's right to disclose the details and results of the economic development project to the public.

**MANAGEMENT CERTIFICATION**

I hereby certify that I have read the foregoing project file and that the information contained herein is true and accurate to the best of my knowledge and belief.

**APPLICANT AUTHORIZATION**

 \_\_\_\_\_  
Name: \_\_\_\_\_ Title (CEO or highest ranking applicant official) \_\_\_\_\_ Date \_\_\_\_\_

# **INdiana SPecific Insurance Related Education (INSPIRE)**

## **Partnering with industry to grow Indiana's insurance workforce**

*"Without a highly skilled and productive workforce—something that will become increasingly difficult to create and maintain—insurers will find it difficult to remain competitive and achieve their goals over the long term." A.M. Best's Review (March 2006)*

The Indiana Economic Development Corporation (IEDC) will devote \$2 million a year to insurance training with reviews of the adequacy of the set-aside each year. It is not likely nor is it intended that this \$2 million will meet all of the insurance training requirements each year. This program will, however, be the most comprehensive insurance training program in the nation, furthering Indiana's effort to position itself as the most attractive insurance employment state in the nation. It is our position that by partnering with employers to increase the skills of Indiana's insurance workforce, we will create a more competitive environment where the insurance industry is encouraged to train new and existing employees with the skills necessary to make the employee and employer more successful.

### **INSPIRE summary**

Applications will be accepted after July 1 of each year and funding availability is based on the order in which applications are received. Employers with 10 or more Hoosier employees are eligible for this program.

The IEDC will match 50 percent of an employer's cost (up to \$750 per employee per certification) for industry-recognized training that has been developed in conjunction with the insurance industry. Eligible costs include tuition, text/study materials and exams—continuing education courses for existing designations are not eligible for INSPIRE awards. This program does not preclude employers from sending an employee to multiple trainings each year, however companies can have only one grant open at a time. Employers may apply for multiple training programs for individual employees in any application, but employers are encouraged to consider the one-year program period as detailed in the next section.

The maximum reimbursement for an Indiana employer in any given calendar year is \$200,000.

### **How the application works**

Employers may have one INSPIRE grant open at any given time—grants through other Indiana Economic Development Corporation and Indiana Department of Workforce Development programs will not infringe on any INSPIRE application.

The application will be available on July 1 each year. Employers can apply for any and all recognized training paid prior to an application being submitted—provided it occurs after July 1 in the year an application is submitted. The term of the grant period for each employer will be one year from the date of the application—meaning employees should complete the course and any exams within a year of the date of application. Special consideration for certain courses and extenuating circumstances can be granted, but should be identified as soon as possible by notifying the Indiana Economic Development

Corporation of the need for a time extension. Generally, extensions cannot be made beyond 90 days of the original grant period.

When submitting an application for INSPIRE, employers will be asked how many designations and how many employees are eligible for the match. As part of the application, employers will also be asked if employees are eligible for raises or bonuses upon completion of the designation. There are no penalties to answering “no” to this question, however, as the intent of this program is to both improve the skills and compensation of Indiana insurance employees, this and other questions will be part of the annual review process to gauge the overall effectiveness of the program.

Once an Indiana employer has applied for the program, disbursements can be made when employees have completed their training. Employers will be asked to provide documentation of the payment and the completion of the training. There are no penalties for employees not completing or passing courses, however, those employees would not be eligible for reimbursement.

After an employer has submitted all of the documentation for which they seek INSPIRE funds, they may submit another application for additional training they wish to sponsor. If an employer has employees who have not completed a course and wishes to submit another application, the employer may close the previous application and submit another with any additional training match requested—including employees from a previous application.

Eligible training and estimated total costs can be found below (costs should be verified with training providers as some courses may apply to multiple designations):

### **Ball State University**

Emerging Leaders Development Program—6 courses (\$1,750)

### **Ivy Tech Community College**

Insurance 101—1 course (\$303.25)

Property & Liability Insurance Principles—1 course (\$303.25)

Personal Insurance—1 course (\$303.25)

Commercial Insurance—1 course (\$303.25)

Medical Insurance—1 course (\$303.25)

### **American Educational Institute**

LPCS—Legal Principles Claims Specialist—7 courses (\$915)

CCLS/A—Casualty Claim Law Specialist/Associate—12 courses (\$915)

PCLS/A—Property Claim Law Specialist/Associate—9 courses (\$915)

WCLS/A—Workers’ Comp Claims Law Specialist/Associate—7 courses (\$915)

FCLS/A—Fraud Claim Law Specialist/Associate—7 courses (\$915)

ACLS/A—Automobile Claim Law Specialist/Associate—8 courses (\$915)

### **American Institute for Chartered Property & Casualty Underwriters (AICPCU)**

AAI—Accredited Advisor in Insurance—3 courses (\$519)

AFSB—Associate in Fidelity & Surety Bonding—5 courses (\$1013)

AIAF—Associate in Insurance Accounting & Finance—4 courses (\$855)

AIC—Associate in Claims—4 courses (\$859)  
AIM—Associate in Management—3 courses (\$565)  
AIS—Associate in Insurance Services—1 course (\$130)  
AIT—Associate in Information Technology—3 courses (\$418)  
AMIM—Associate in Marine Insurance & Management—6 courses (\$868)  
APA—Associate in Premium Auditing—5 courses (\$1,073)  
API—Associate in Personal Insurance—4 courses (\$527)  
ARe—Associate in Reinsurance—5 courses (\$496)  
ARM—Associate in Risk Management—3 courses (\$573)  
ASLI—Associate in Surplus Lines Insurance—4 courses (\$262)  
AU—Associate in Underwriting—3 courses (\$595)  
CPCU—Chartered Property & Casualty Underwriter—8 courses (~\$1,800)  
INS—Program in General Insurance—3 courses (\$596)

### **The American College**

LUTCF—Life Underwriting Training Council—5 courses (\$1,915)  
FSS—Financial Services Specialist—5 courses (\$1,915)  
CFP—Certified Financial Planner—6 courses (\$3,061)  
CLU—Chartered Life Underwriter—3 courses (\$1,524)  
ChFC—Chartered Financial Consultant—3 courses (\$1,524)  
CASL—Chartered Advisor for Senior Living—5 courses (\$2,540)  
RHU—Registered Health Underwriter—3 courses (\$1,524)  
REBC—Registered Employee Benefits Consultant—2 courses (\$1,016)  
CLF—Chartered Leadership Fellow—7 courses (~\$4,978)

### **American Society of Pension Professionals & Actuaries**

QPFC—Qualified Plan Financial Consultant—4 courses (\$1,767)  
QKA—Qualified 401(k) Administrator—4 courses (\$1,330)  
QPA—Qualified Pension Administrator—6 courses (\$2,835)  
CPC—Certified Pension Consultant—8 courses (\$4,109)  
MSPA—Member, Society of Pension Actuaries—3 courses (\$2,935)  
FSPA—Fellow, Society of Pension Actuaries—6 courses (\$3,765)

### **Life Office Management Association, Inc (LOMA)— approximately \$300 per course**

AAPA—Associate, Annuity Products & Administration—5 courses  
ACS—Associate, Customer Service—5 courses  
AIAA—Associate, Insurance Agency Administration—6 courses  
AIRC—Associate, Insurance Regulatory Compliance—6 courses  
ARA—Associate, Reinsurance Administration—6 courses  
CPLHI—Certified Professional, Life & Health Insurance  
CPFS—Certified Professional in Financial Services  
FFSI—Fellow, Financial Services Institute—10 courses  
FLMI—Fellow, Life Management Institute—10 courses  
PCS—Professional, Customer Service—3 courses

### **The National Alliance for Insurance Education & Research**

CIC—Certified Insurance Counselors—5 courses (\$1,775)

CISR—Certified Insurance Service Representative—5 courses (\$1,775)

CRM—Certified Risk Managers—5 courses (\$1,775)

**Independent Insurance Agents of Indiana**

IACSR—Indiana Accredited Customer Service Representative—8/9 courses (\$720/\$810)

**Academy for Healthcare Management**

PAHM—Professional, Academy for Healthcare Management—1 course (\$329)

FAHM—Fellow, Academy for Healthcare Management—5 courses (\$1,645)

**Society of Actuaries**

ASA/FSA—Associates & Fellows of the Society of Actuaries—8 exams & materials  
(approximate costs will be \$6780 over 9 year average)

**Casualty Actuarial Society**

ACAS/FCAS—Associates & Fellows of Casualty Actuarial Society—9 exams & materials (approximately \$5,000 total over 10 year average completion)

Company Name: \_\_\_\_\_

Grant I.D.:\_\_\_\_\_

For Official Use Only: Project I.D.:\_\_\_\_\_

Grant I.D.:\_\_\_\_\_

**AUTHORIZED SIGNATURES FOR PAYMENT REQUEST:**

In the event this application results in a fully executed grant or loan the Indiana Economic Development Corporation must have on file the following signatures before any state funds can be drawn.

Please list at least two (2) persons who will be authorized to sign payment request against state funds on behalf of the grantee.

Person 1:

Person 2:

Signature

Signature

Name Typed

Name Typed

Title Typed

Title Typed

**ATTESTATION OF SIGNATURES:**

I certify that the above signatures are of the individuals authorized to request payments. (The following signature may be that of Legal Counsel **OR** a Notary.)

Legal Counsel:

Signature

Date \_\_\_\_\_

Name Typed

Attorney Number

Notary:

Signature

Date \_\_\_\_\_

Name Typed

County of Residence

Please place notary seal here:

Commission Expiration Date:\_\_\_\_\_

☐ Add Deposit ☐ Change Deposit ☐ Stop Deposit

State Form 47551 (2/96)

Approved by State Board of Accounts 09/1997



## STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

### Instructions:

1. Requestor will complete first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requestor.
3. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300

### SECTION 1: REQUEST AND AUTHORIZATION

\_\_\_\_\_  
Vendor / Claimant as shown on the account

\_\_\_\_\_  
Federal I.D. Number / Social Security Number

\_\_\_\_\_  
Address (Number and Street, and/or P.O. Box No.)

\_\_\_\_\_  
City, State, and Zip Code (00000-0000)

requests, pursuant to IC 4-8.1-2-7(d), to receive payment(s) by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (*demand*) or savings account designated in the depository named below, and, (2) *if necessary*, to initiate debit entries or adjustments ***solely to correct any credit error resulting from a deposit/credit entry that was made under this authorization***. The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. **Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: \_\_\_\_\_

Type of Account: ☐ Checking (*Demand*) ☐ Savings

Depository Account Number: \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vendor / Claimant

### SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street, and/or P.O. Box No.) (City, State, and Zip Code (00000-0000))

\_\_\_\_\_, 20\_\_\_\_  
Date

\_\_\_\_\_  
Depository's Authorized Signature

\_\_\_\_\_  
ABA Transit-Routing Number

\_\_\_\_\_  
Title



Taxpayer Identification Number Request

State of Indiana

W-9 DO NOT send to IRS

|   |   |
|---|---|
| Print or Type   | Return to address below                 |
| Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS)<br>DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE            |   |
| Trade Name Complete only if doing business as (D/B/A)   |   |
| Remit Address   |   |
| Purchase Order Address-Optional   |   |
| Check legal entity type and enter 9 digit taxpayer identification Number (TIN) below:<br>(SSN = Social Security Number, EIN = Employer Identification Number) | SSN or EIN must be for legal name above |

|                          |  |                      |               |
|--------------------------|--|----------------------|---------------|
| <input type="checkbox"/> | Individual   | (Individual's SSN)   | _____ - _____ |
| <input type="checkbox"/> | Sole Proprietorship (Owner's SSN or Business EIN)  | SSN                  | _____ - _____ |
|                          |  | EIN                  | _____ - _____ |
| <input type="checkbox"/> | Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited  | (Partnership's EIN)  | _____ - _____ |
| <input type="checkbox"/> | Estate/Trust   | (Legal Entity's EIN) | _____ - _____ |
|                          | Note: Show the name and number of legal trust, or estate, not personal representatives   |                      |               |
| <input type="checkbox"/> | Other (Limited Liability Company, Joint Venture, Club, ect)  | (Legal Entity's EIN) | _____ - _____ |
| <input type="checkbox"/> | Corporation Do you provide legal or medical serv. <input type="checkbox"/> Yes <input type="checkbox"/> No                                     | (Corp's EIN)         | _____ - _____ |
| <input type="checkbox"/> | Governement (or Government operated entity)  | (Entity's EIN)       | _____ - _____ |
| <input type="checkbox"/> | Organization Exempt from Tax under Section 501(a)<br>Do you provide medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No | (Org's EIN)          | _____ - _____ |
| <input type="checkbox"/> | Check here if you do not have a SSN or EIN but have applied for one.   |                      |               |

Under Penalties of prejury, I certify that:

(1) The number listed on this form is my correct Taxpayer Identification Number (Or I am waiting for a number to be issued to me) AND

(2) I am not subject to backup withholding because: (a) I am exempt from the backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an indivual retirement arrangement (IRA), and payments other than interest and dividends.)

CERTIFICATION INSTRUCTIONS- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

I am a U.S. person (including a U.S. resident alien)

|                      |       |       |       |
|----------------------|-------|-------|-------|
| Name (Print or Type) | _____ | Title | _____ |
| AUTHORIZED SIGNATURE | _____ | Date  | _____ |
|                      |       | Phone | _____ |

**Purpose of form:** We are required to file an information return with the IRS and must get your correct taxpayer identification number (TIN) to report our payments to you.

Use Form W-9 on the reverse side, if you are a U.S. person (including a U.S. resident alien), to give us your correct TIN and, when applicable to:

1. Certify the TIN you are giving is correct.
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are an exempt payee.

If you do not provide us with the information, your payments may be subject to 31% federal income tax backup withholding. Also, if you do not provide us with information, you may be subject to a \$50.00 penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on backup withholding preempts any state and local law remedies, such as any rights to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 31% of its payment to you. Backup withholding is not a failure to pay you. It is advance tax payment. You should report all backup withholding as a credit for taxes on your federal income tax return.

**Specific Instructions:** Enter your legal name on that line. Your legal name is the one that appears on your Social Security Card or Employer Identification Number if a business. If you are a sole proprietor, then your legal name is the business owner's name. If you have a "doing business as" (d/b/a) name, enter on the trade line. Enter your remit address on the next line, and if you have a separate address for purchase orders, enter that address on the appropriate line.

Next, select the organization type for your name, check the box, and record the appropriate taxpayer identification number (TIN) in the space provided. Notice that individuals and sole proprietors are the only types with a social security number. If you are a corporation or an exempt 501(a) organization, you must answer yes or no on legal and medical services. If you are sole proprietor you must show the business owner's name in the legal box, and the business name in the trade name box. You cannot use only the business name. For the TIN, you may use either the individual's SSN or the employer identification number (EIN) of the business. However, the IRS prefers that you show the SSN.

Finally, complete the certification section, sign and date the form.

If you are a foreign person, use the appropriate Form W-8.